The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Daisyhill Private Nursing Home

Provider: Town & Country Care Homes Limited

Date of Inspection: 11th September 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Town & Country Care Homes Limited
Responsible Individual:	Mr Christopher Arnold
Registered Manager:	Miss Foteini Kourakou

Service Profile – This home is a registered nursing home which provides nursing care for up to 25 patients who are living with a learning disability.

Accommodation is provided over two floors with shared communal areas on both floors. An enclosed garden is accessible for patients use.

2.0 Inspection summary

An unannounced inspection took place on 11 September 2026 from 9.05am to 2.40pm. The inspection was conducted by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

There were no areas of improvement identified at the previous care inspection on 4 December 2025.

Patients were seen to be comfortable and well cared for. Staff interactions with patients were found to be polite, warm, supportive and caring.

Staff reported that there was good teamwork in the home and staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the patients. Staff praised the manager and reported that they were approachable and responsive.

There were two areas for improvement identified as a result of this inspection. These were in respect of the need for a time bound action plan to address issues of environmental décor in the home and consultation with the home's fire safety risk assessment regarding management of laundry duties.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

In accordance with their capabilities, patients said that they were well cared for in the home, staff were kind and attentive and they enjoyed the meals. One patient said; "I love it here. The staff are lovely."

Those patients who could not articulate their views presented as comfortable and at ease in their environment.

Two visiting relatives said that they were very happy with the home and found staff to be kind and caring.

Staff spoke positively about their roles and duties, the care, staffing levels, teamwork, training and managerial support. Staff also said that they would have no issues about reporting concerns with management and felt these would be taken seriously. One member of staff described the home as having a nice family type atmosphere.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training, supervision and appraisal and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

An effective system to manage the registration of nursing staff with the Nursing & Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC), was in place.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, including those patients who had difficulty in making their wishes or feelings known.

Patients were dressed in suitable attire with obvious attention to personal appearance and hygiene. Aids and appliances such as glasses, walking aids and wheelchairs, were clean and in working order.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

All staff receive regular training that is appropriate to the level and type of behavioural challenges within the home.

Patients receive safe and appropriate behaviour management care based on comprehensive person-centred assessment of their needs and agreed multi-disciplinary planning, delivery and evaluation of care.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients referred to their GP if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. The dinner time meal was seen to be appetising and nicely presented, with good provision of choice of meal.

There was evidence that patients are enabled to participate in the programme of activities through the provision of equipment, aids and support from staff. The position of activities co-ordinator is currently being recruited for.

3.3.3 Management of Care Records

Patients' care records were maintained safely and securely.

A preadmission assessment is undertaken before a patient is admitted to the home. This is to ensure that the home can meet the assessed needs. Following admission care plans are developed to direct staff how to meet patients' needs. These included any advice or recommendations made by other health care professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet patients' needs.

The general health and welfare of patients is monitored and recorded and timely referrals made to or advice sought from appropriate health and social care professionals as necessary and documented in patient records. Daily evaluations of care were generally well written with issues of assessed need having a recorded statement of care / treatment given with effect of same.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Many patients' bedrooms were comfortable and personalised. Other bedrooms were found to be drab in appearance, with need for paintwork. On the first floor, the corridor carpet was stained and malodourous and a small sitting room had tired scratched paintwork and lacked any warmth in its appearance. An area of improvement was made for a time bound action plan to be submitted detailing when these issues will be addressed. Communal areas were suitably furnished, spacious and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained with good accessibility for patients to avail of.

Cleaning chemicals were stored safely and securely.

The home's most recent fire safety risk assessment was dated 4 June 2026. There was corresponding actions recorded in respect of the four recommendations made from this assessment.

An area of improvement was made for the home's aligned fire safety assessor to be consulted on a practice of laundering clothes at nights, with subsequent appropriate action.

Fire safety training, fire safety drills and fire safety checks were maintained on a regular and up-to-date basis.

Review of records and observations confirmed that appropriate systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

Miss Foteini Kourakou is the Registered Manager of the home. There is a management structure of support and availability as defined in the home's Statement of Purpose.

Staff commented positively about the management team and described them as supportive and approachable.

There were processes in place to monitor the quality of care and other services provided to patients. Systems of audit and quality assurance were well maintained with action plans in place to address any issues identified.

Each month the manager disseminated to staff information pertaining to care known as "care messages". For example the most recent was on falls prevention and how every interaction matters. This is good practice.

Accidents and incidents are reported to the relevant stakeholders. Monthly audits of these events were in place to establish if there are any trends or patterns and if necessary follow action.

Records of the visits on the behalf of the responsible individual were maintained in good detail and on an up-to-date basis. These records confirmed good governance arrangements for the home.

4.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	1

The two areas for improvement and details of the Quality Improvement Plan were discussed with Miss Foteini Kourakou, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27(2)(d) **Stated:** First time **To be completed by:** 11 October 2026	The Registered Person shall submit a time bound action plan to detailing when the identified issues in the décor of the environment will be addressed Ref: 3.3.4
	Response by registered person detailing the actions taken: The small lounge on the upstairs floor has been painted, the floor has been changes and redecorated as discussed on the day of the inspection. All works have been completed. On going painting schedule in place for the remaining rooms on the first floor to be painted within the next 6 months. Planned works to replace the carpet in the first-floor corridor have been scheduled for the week commencing the 9th of November 2026. The work will be completed in sections of the corridor in order to ensure minimum disturbance of the residents' routine. The work is expected to last approximately one week.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 47(1) **Stated:** First time **To be completed by:** 11 October 2026	The Registered Person shall consult with the home's aligned fire safety assessor on a practice of laundering clothes at nights, with subsequent appropriate action. Ref: 3.3.4
	Response by registered person detailing the actions taken: This was discussed with the fire safety assessor from MCL fire and a procedure is implemented to ensure all risk are managed ensuring resident's safety is maintained at all times.

Please ensure this document is completed in full and returned via the Web Portal

The **Regulation** and **Quality Improvement** Authority

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews